Effect	Complete If Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09/825,604					
FEE TRANSMITTAL				Filing Date	April 13	April 13, 2001			
for FY 2006				First Named Inven	tor Antony	Antony AQUILA			
101	Examiner Name	Christop	Christopher L. GILLIAN						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	3626	3626			
TOTAL AMOUNT OF PAY	MENT	(\$)1,810.00		Attorney Docket N	o. 13CN-1	26552	(2302	9-05797)	
METHOD OF PAYMEN	Check al	I that apply)							
Check Credit		Money Order	Non	e Other (pl	ease identify):				
Deposit Account	ennsit Accou	nt Number: 19-185	3	Deposit Ac	count Name:				
For the above-ident				eby authorized to:	check all that apply	()			
Charge fee(s)					ee(s) indicated belo		t for the	filina fee	
Charge ree(s)	ditional fee(s) or underpayme	ents of fee(0 52	v overpayments	,, aa.p			
under 37 CFR WARNING: Information on th	1.16 and 1	17		Ci ci cuit ai		form Pro	ride crec	lit card	
WARNING: Information on the information and authorization	n on PTO-20	38.	euit Caru III	ormanon should no	be meladed on this				
FEE CALCULATION (All the fee	s below are du	ie upon f	ling or may be	subject to a sure	charge.)			
1. BASIC FILING, SEA	RCH, AND	EXAMINATIO	N FEES						
					CH FEES EXAMINATION FEES				
		Small Entity	Fee (S	Small Entity Fee (\$)	£ Fee (\$)	Small Fee		Fees Paid (\$)	
Application Type	Fee (\$) 300	Fee (\$) 150	500		200	10		. 000 1 414 141	
Utility	200	100	100		130	6			
Design			300		160		0		
Plant	200	100	500		600		00		
Reissue	300	150	0	0	0)		
Provisional	200	100	0	U	U	,		Small Entity	
2. EXCESS CLAIM FE	ES					Fe	e (\$)	Fee (\$)	
Fee Description Each claim over 20 (including Reissues)							0	25	
Each independent claim over 3 (including Reissues)							00	100	
Multiple dependent claims							60	180	
Total Claims							ole Dep ee (\$)	endent Claims Fee Paid (\$)	
18 - 20 or HF HP = highest number of total of		x if creater than 20					00 (4)		
Indep. Claims	Extra C		e (\$) F	ees Paid (\$)					
3 -3 or HP		×	=						
HP = highest number of indep	endent claims	s paid for, if greater	than 3						
3. APPLICATION SIZE	FEE								
If the specification listings under 37 C	and draw	ings exceed 100	sheets of	paper (excludin	g electronically I	ned sequ	ience o	r computer litional 50	
sheets or fraction t	FK 1.52(6 bereaf Se)), the applicant	(a)(1)(G)	and 37 CFR 1.10	i(s).	119) 101 0	acii aac	ittomi 5 o	
Total Sheets	Extra Sheet	s <u>Nun</u>	nber of ea	ch additional 50 o	r fraction thereof	Fee	(\$)	Fee Paid (\$)	
- 100 =		/50=		(round up to a who	ile number) X				
4. OTHER FEE(S)								Fee Paid (\$)	
Non-English Spec	ification,	\$130 fee (no.s	mall entit	y discount)	(200) 0 D-41-1-	£ 17 4		of 1.810.00	
Other (e.g., late fil	ing surcha	rge): Request fe	or Contin	ied Examination	(790) & Pennor	1 IOF EXIC	HSIOH (<u>51</u> 1,610.00	
Time (1020)	/	\rightarrow							
SUBMITTED BY	1	11							
Signature	1/	11/	/	Registration No. (Attorney/Agent)	36,727		Teleph	one (858) 720-892	
Name (Print/Type) Dan	iel N. Yan	puzzi	\mathcal{I}					ecember 27, 200	
		B OFF & COO The L	nformation is	required to obtain or	retain a benefit by the This collection is est	public whi	ch is to fi ike 30 mi	le (and by the nutes to complete,	
This collection of informations USPTO to process) an applicat including gathering, preparing, on the amount of time you requ	and submittin	g the completed ap	olication form	to the USPTO. Time	will vary depending u	pon the inc	dividual c	ase Any comments	
on the amount of time you requ	are to comple	te this form and/or s	uggestions i 1450 Alexa	or reducing this burde andria, VA 22313-145	0. DO NOT SEND FE	ES OR CO	MPLETE	D FO TOMBIT TO TRUSS Net, In www.USCourtForms	
ADDRESS SEND TO: Com	missioner	for Patents, P.O.	Box 1450	, Alexandria, VA 2	2313-1450.			www.uacounForms.c	